

Revision: HCFA-PM-93-5 (MB)

~~June 1994~~ MAY 1993

Territory: Virgin Islands

OFFICIAL

Citation

3.2 Coordination of Medicaid with Medicare and Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and
1905(p)(1) of the Act

(i) Qualified Medicare Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-In agreement for:

___ Part A ___ Part B

___ The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

Not Applicable

TN No. 94-3

Supersedes

TN No. 91-6

Approval Date OCT 27 1994

Effective Date JUL 1 - 1994

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and 1905(s) of the Act(ii) Qualified Disabled and Working
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)
and 1905(p)(3)(A)(ii)
of the Act(iii) Specified Low-Income Medicare
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

Not applicable

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1843(b) and 1905(a)
of the Act and
42 CFR 431.625

(iv) Other Medicaid Recipients

The Medicaid agency pays Medicare Part B premiums to make Medicare Part B coverage available to the following individuals:

X/ All individuals who are: a) receiving benefits under titles I, IV-A, X, XIV, or XVI (AABD or SSI); b) receiving State supplements under title XVI; or c) within a group listed at 42 CFR 431.625(d)(2).

X Individuals receiving title II or Railroad Retirement benefits.

— Medically needy individuals (FFP is not available for this group).

1902(a)(30) and
1905(a) of the Act

(2) Other Health Insurance

— The Medicaid agency pays insurance premiums for medical or any other type of remedial care to maintain a third party resource for Medicaid covered services provided to eligible individuals (except individuals 65 years of age or older and disabled individuals, entitled to Medicare Part A but not enrolled in Medicare Part B).

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(b) Deductibles/Coinsurance

(1) Medicare Part A and B

1902(a)(30), 1902(n),
 1905(a), and 1916 of the Act

Supplement 1 to ATTACHMENT 4.19-B describes the methods and standards for establishing payment rates for services covered under Medicare, and/or the methodology for payment of Medicare deductible and coinsurance amounts, to the extent available for each of the following groups.

Sections 1902
 (a)(10)(E)(i) and
 1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries
(QMBs)

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for QMBs (subject to any nominal Medicaid copayment) for all services available under Medicare.

1902(a)(10), 1902(a)(30),
 and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid services also covered under Medicare and furnished to recipients entitled to Medicare (subject to any nominal Medicaid copayment). For services furnished to individuals who are described in section 3.2(a)(1)(iv), payment is made as follows:

42 CFR 431.625

— For the entire range of services available under Medicare Part B.

X Only for the amount, duration, and scope of services otherwise available under this plan.

1902(a)(10), 1902(a)(30),
 1905(a), and 1905(p)
 of the Act

(iii) Dual Eligible--QMB plus

The Medicaid agency pays Medicare Part A and Part B deductible and coinsurance amounts for all services available under Medicare and pays for all Medicaid services furnished to individuals eligible both as QMBs and categorically or medically needy (subject to any nominal Medicaid copayment).

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provided to the individual as an enrollee
of the group health plan.

If so, the minimum enrollment period
is: One Year

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